

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034948

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No. 3000

Registrar's No.

314

FILED SEP 30 1963

1. PLACE OF DEATH

a. COUNTY Adair

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kirksville

Length of stay in 1b  
7 weeks

c. CITY OR TOWN Green Castle

Inside Limits  
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Kirksville Osteopathic Hospital

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS 7 mi. N.E. Green Castle  
Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First Ernest Middle Edwin Last Owings

4. DATE OF DEATH  
Month Sept. Day 30, Year 1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
6-16-1894

9. AGE (last birthday)  
69

IF UNDER 1 YEAR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farmer

10b. KIND OF BUSINESS OR INDUSTRY  
General farming

11. BIRTHPLACE (City and state or country)  
Green Castle, Mo.

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

John Owings

13b. MOTHER'S MAIDEN NAME

Henrietta Ivy

14. NAME OF HUSBAND OR WIFE

Mae Owings

15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unknown) (If yes, give war or dates)  
No

17. INFORMANT  
2

Mrs. Mae Owings, Green Castle, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

medullary failure  
metastatic carcinoma  
anemia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug 11, 1963 to Sept 20, 1963 and last saw him alive on Sept 20, 1963  
Death occurred at 8:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
9-22-1963

23c. NAME OF CEMETERY OR CREMATORY  
Morelock Cemetery

23d. LOCATION (City, town, or county)  
Adair County, Mo.

24. FUNERAL DIRECTOR

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Glenn E. Kentler, Green City, Mo.

9-26-63

James W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1 0017

2 00101

3

4 0

5 1

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7 0

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9 1992

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11

12 2-2

13 10

Permit issued Sept 20, 1963

S. J. DEVITO, D. O.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Karl R. Kent*

Licensed Embalmer No. *4689*

P. O. Address

*Green City, Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.